

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845

Amended Statement of Qualification of a Domestic Limited Liability Partnership

FILING FEE: \$10

The undersigned Limited Liability Partnership hereby amends its statement of qualification under SDCL 48-7A.

1. The name, which shall contain the words "**Registered Limited Liability Partnership**", or "**Limited Liability Partnership**", or "**R.L.L.P.**", or "**L.L.P.**" or "**RLLP**", or "**LLP**" as the last words of the name, is:

If changing the name, the new name is : _____

2. The date of filing the statement of qualification is: _____

3. The amendment to the statement of qualification is:

I declare under penalty of perjury that the contents of the above statement are accurate.

Dated _____

(Partner Signature)

(Partner Signature)

A statement must be executed by at least two partners.

Please submit one original for filing and one copy to receive date stamped acknowledgement of filing.